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102595-02-M-1540

COMPLETE THIS SECTION ON DEDVERY 2/22/200 SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent ☐ Addressee ■ Print your name and address on the reverse C. Date of Delivery so that we can return the card to you. B. Received by (Printed Name) J191/07 ■ Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? ☐ No If YES, enter delivery address below: Service Type Express Mail Certified Mail Return Receipt for Merchandise ☐ Registered □ C.O.D. ☐ Insured Mail Restricted Delivery? (Extra Fee) 5800 4692 E000 77P0 2. Article Number

Domestic Return Receipt

(Transfer from service label)

PS Form 3811, February 2004